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DECLARATION		Page 2			
Therefore (See The benefit upger Title 15. Thread Start Care \$120 de annual Start Care \$120 de a					
I hereby daim the benefit under Title 35. United States Code §120 of any United States application(s) or §365(c) of any PCT International application designating the United States of America, listed perow and, insofar as the subject matter of each of the claims or this application is not disclosed in the profunction of the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the outy to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.55 which became available between the fulling date of the prior application and the national or PCT filling date or this application.					
U.S. Parent Application	PCT Parent	Parent Filing Date	Parent Patent Number		
Number Number		(MM/DD/YYYY)	(if applicable)		
Additional U.S. or PCY international application numbers are listed on a supplemental priority sheet attached hereto  As a named inventor, I hereby appoint the following attorney(s) and/or agent(a) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith					
Firm Name Fisher, Christen & Sabol		Peyor Number (if applicable)			
Name	Registration Number	Name	Registration Number		
Virgil H. Marsh	23,083				
Kara M. Armstrong	38,234				
Additional attorney(s) a	nd/or agent(s) named on a suppl	emental sheet attached hereto			

Please direct all correspondence to Name	Virgil H. Marsh				
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city Washington	State D.C.	zip 20006			
Country USA	Telephone (202)659-2000	Fax (202)659-2015			
I hereby declare that all statements made herein of my o- true; and further that those statements were made with it imprisonment, or both, under Section 1001 of the United any patent issued thereon.	is knowledge that willful false statements and the it	ke so made are punishable by fine or			

Name	Name of Sole or First Inventor: A petition has been filled for this unargued inventor					
Given Name	Syuichi	Middle Initial	Family Name	Ikenoue	Şuffix	
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City ]	Hiratsuka-shi		Zìp	Country Japan	Applican Authority	
x	Additional inventors are being r	erts istnemendaus no bampa	et(5) attached h	ereto		

Post Office Address:

City

State

Type a plus sign (+) inside this box  $\rightarrow$ **DECLARATION** ADDITIONAL INVENTOR(S) Supplemental Sheet Name of Additional Joint Inventor, if any: A peblion has been filed for this unsigned inventor Middle Family Kasari Akira Name initial Name Inventor's Signatura 9/6 2001 Country Citizenship Residence: Kanagawa-ken State Japan Postomco Address. 17-1, Higashiyawata 4-chome, Hiratsuka-shi Kanagawa-ken Country Applicant Hiratsuka-Sfii Japan Authority Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name Name Initial Date inventors Signature State Country Citizenenio Residence City | Post Office Address: State Zip Country Applicant City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Suffix Given Middle inittal Name Date inventor's Signature State Country Citizenship Residence. City
Post Office Address: Applicant Authority Ζlp Country City State Name of Additional Joint Inventor, if any: A pelition has been filed for this unsigned inventor Family Given initial Name Name inventor's Signature Country Citizenship State Residence: City Post Office Address: Applicant State Zlp Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Middle Glyen initial Name Inventor's Date Signature Citizenship Residence: State Country City ost Office Address: Applicant Authority Zip Country City Name of Additional Joint Inventor, if any: A petition has been filled for this unsigned inventor Family Name Suffix Given Name Initial Date Inventors Signature Citizenship State Country Residence:

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Applicant

Authority